

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-878)					
CLAIMS					
AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10	1				
11	1				
12	1				
13	1				
14	1				
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50					
TOTAL IND.	1	1	1	1	
TOTAL DEP.	15				
TOTAL CLAIMS	16				

CLAIMS					
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
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96					
97					
98					
99					
100					
TOTAL IND.	1	1	1	1	
TOTAL DEP.					
TOTAL CLAIMS					

BEST AVAILABLE COPY